State of California

California Energy Commission

Transportation Fuels Office - MS23

## California Annual Retail Fuel Outlet Survey CEC Form A15 (rev. 2/4/04)



1516 Ninth Street							
Sacramento, CA 95814							
Ph. (916) 654-4868 Fax (916) 654-4753							- " "
Email: piira@energy.state.ca.us							Reporting Year
Facility Name							
Brand Name							
Physical Address							
Street Name and Number					I I		
City					Zip Code		
Normal Hours of Operation				Telepho	ne Number		
		Tank Information				Sales	Facility Information
Product (See Definitions)	Product Code	Number of AGTs	Capacity (000's Gals)	Number of USTs	Capacity (000's Gals)	Volume ('000 Gallons)	Ownership Designation (Check One)
CARB RFG Regular	185						Company Owned & Operated
CARB RFG Midgrade	186						Company Owned - Dealer Operated
CARB RFG Premium	187						Dealer Owned & Operated
CARB Diesel <500 ppm Sulfur	477						Independently Owned & Operated
CARB ULS Diesel <15 ppm Sulfur	478						
Marine Fuels	486						Operational Designation (Check One)
Bio-Diesel - B5	487						Service Station
Bio-Diesel - B20	488						Cardlock Facility
Bio-Diesel - B100	489						Hypermart
Finished Aviation Gasoline, Leaded	115						Marina
Finished Aviation Gasoline, Unleaded	116						Airport
Commercial Jet Fuel	217						Truck Stop
Propane, Consumer Grade	624						Other
E-85	117						Business Amenity Information (Check
M-85	118						Each That Apply)
M-100	119						Convenience Store
Compressed Natural Gas	120						Kiosk
Liquefied Natural Gas	121						Restaurant/Fast Food Outlet
Other, Specify							Supermarket/General Store
							Pharmacy
							Discount Store
							Automotive Repair Service Bay
							Car Wash
This report contains proprietary and trade secret information and is customarily treated as confidential by this company. The disclosure of this information would result in competitive hardship. Therefore, pursuant to Public Resources Code sections 25213, 25218(e), 25364 and Title 20, California Code of Regulations, section 1370 our company is requesting that all information submitted on this form be kept confidential. I certify under penalty of perjury that the information contain in this Report is true, correct and complete to the best of my knowledge. I am authorized to make this report on behalf of my company.							
Name, Title & email address			_		_	Telephone Numbe	er
Signature			'-	Date Filed			